

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

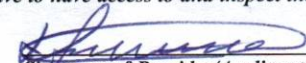
FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Lucia Silva.	License Number: 56164	Date of Inspection: 12/7/21
	Expiration Date: 7/31/24	Time of Inspection: 9:05 am.
Address: 510 New Britain Ave	Capacity: 6 + 3	Days/Hours: M-F 7:00 am - 4:45 pm
Town: Hartford.	Telephone: 860 997 8029	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
State/Zip Code: CT 06106	Email: 74silvay@gmail.com	

Instructions: = Compliance/No violation found = Non-compliance/Violation found N/A = Not applicable at this time

Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).


Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

4. Capacity: Total # Children Present: 6

5. Nontransferability of License

6. Infant/Toddler Restriction- # Present: 0

7. License Posted

8. Parent Access to OEC Phone Number

9. Photo ID

10. Requests for Information

11. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

12. Awareness of/Understanding of Regulations

13. Medical Statement-Exp. Date 7/19/24

14. First Aid Certificate-Exp. Date 10/23/24

15. CPR Certificate- Exp. Date 10/23/24

16. Judgment

Members of the Household 19a-87b-7

17. Medical Statement

18. Household Environment

Qualifications of Staff 19a-87b-8

19. Substitute/Assistant (X/N)

20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

21. Background Check(s)

Physical Environment 19a-87b-9

22. Clean/Sanitary Environment

23. Freedom of Hazards

24. Harmful Substances/Materials Inaccessible

25. Bio-contaminants Disposed Safely

26. Safe Storage of Flammables

27. Safe Door Fasteners

28. Electrical Safety

29. Safe Exits

30. Basement Supervision (X/N)

31. Stairways: Protected/Handrails

32. Emergency Plan

33. Emergency Evacuation Drills-Quarterly/Log

34. Smoke Detectors

35. Carbon Monoxide Detector

36. Fire Extinguisher- at least 5 lb. ABC/Installed

37. Auxiliary Heating System (Y/N) Type: gas Approved (Y/N)

38. Safe Storage of Weapons and Ammunition

39. Safe Space - Sufficient

Indoor Outdoor

40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)

41. Hot Tubs- Locked/Inaccessible

42. Ventilation/Light - Temperature- 65°F

43. Window Safety

44. Washing/Toileting/Sewage/Garbage Facilities

45. Adequate and Safe Water: Public/Approved

46. Water Temperature 60°-120°F

47. Pasteurization of Milk Supply

48. Working Telephone/Emergency Numbers Posted

49. Safe Transportation-Registered/Insured/Restraints

50. First Aid Supplies

51. Pets: (Y/N) Type: _____ Rabies Certificate(s)

52. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

53. Enrollment Form

54. Child Health Record

55. Immunizations

56. Emergency Permission

57. Authorized Release

58. Field Trips/Transportation Permission- To/From School

59. Swimming Permission

60. Incident Log

61. Confidentiality

62. Meeting the Child's Needs

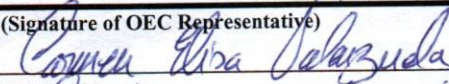
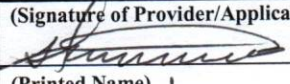
63. Sufficient Play Equipment

64. Good Nutrition: Meals/Snacks/Water Available

65. Handwashing

66. Flexible and Balanced Written Schedule

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) 	Date Corrections Due By: 12/21/21	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) Carmen Eliza Menavola		(Printed Name) Lucia Silva

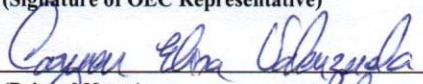
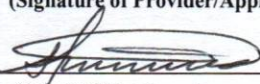
FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Lucia Silva</u>	License Number: <u>56164</u>	Date of Inspection: <u>12/9/21</u>
Responsibilities of Provider 19a-87b-10 (continued) <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF Sick Child Care 19a-87b-11 <input checked="" type="checkbox"/> 91. Sick Child Care Night Care 19a-87b-12 (Y/N) (10pm to 5am) <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	Office Access, Inspections and Investigations 19a-87b-13 <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results Additional Violations <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	

Discussions/Comments:

Discussed: Use of appropriate furniture, high chairs with straps, ^{safety harness} or low chair and table according to age and activity level of child for their comfort and security, and supervision during meal times, all the time. Household member, if available, can provide assistance with warming meal, serving. Only provider can provide direct care.

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) 	Date Corrections Due By: <u>12/21/21</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Carmen Elena Delacruz</u>		(Printed Name) <u>Lucia Silva</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lucia Silva. License # 56164 Date: 12/17/21Observations/Corrections needed:

- # 11 Provider failed to submit notification of change
Two new household members were present during visit. They arrived on 1st and 2nd week of October for a long visit, a few months.
- # 17 Medical statement for two adult household members no available during visit. (new members).
- # 21 Background check for two new household members not completed, no documentation available during visit.
- # 31. Unprotected stairs on area close to the room where children eat.
During the visit a child went up the stairs, no gate was installed at the bottom.
- # 28 Accessible electrical cords on hallway near the room where children eat.
- # 35 No Carbon Monoxide detector available/installed in basement.
- # 46 Water temperature was above 120°F. Reading was 140°F. Send new reading after correction.
- # 53 Three children missing enrollment form.
Send completed form to OEC.
- # 54. One ~~missing~~^{old} child health record not current.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carmen Elia ValenzuelaPrint Name: Carmen E. Valenzuela
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lucia Silva
(Person in Charge)OEC BY: 12/21/21Print Name: Lucia Silva

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lucia Silva License # 56164 Date: 12/7/21

Observations/Corrections needed:

- # 54 (cont.) Submit current health record.
- # 55 One vaccine record not up to date. Submit new /current record.
- # 56 No emergency permission for (3) three children.
- # 57 No authorized release for three (3) children.
- # 58 No transportation, trips/activities available for three (3) children
- # 69 No individual plan of care for a child with asthma. Submit plan.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carmen Ebra Odeazuda
(OEC Representative)

Print Name: Carmen E. Odeazuda

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lucia Silva
(Person in Charge)

OEC BY: 12/21/21

Print Name: Lucia Silva